

COVER PAGE

FEB 24 2011

Please type or print in ink.

2011 FEB 29 AM 8:18

EB

NAME OF FILER

ALQUIST

(LAST)

(FIRST)

ELAINE

(MIDDLE)

1. Office, Agency, or Court

Agency Name

STATE SENATE

SENATOR

Division, Board, Department, District, if applicable

SD 13

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency:

CALIFORNIA SEISMIC SAFETY COMMISSION

Position:

SENATE REPRESENTATIVE

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is through December 31, 2010.

☐ Leaving Office: Date Left (Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date

☐ The period covered is through the date of leaving office.

☐ Candidate: Election Year

Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/24/11

(month, day, year)

Signature

FEB 24 2011

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

SCHEDULE D **Income – Gifts**

▶ NAME OF SOURCE

SENATOR ALEX PADILLA

ADDRESS (Business Address Acceptable)

STATE CAPITOL ROOM 4038, SAC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

STATE SENATOR

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

1/12/10 \$7200 FLOWERS

_____/_____/_____ \$_____

_____/_____/_____ \$_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$_____

_____/_____/_____ \$_____

_____/_____/_____ \$_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$_____

_____/_____/_____ \$_____

_____/_____/_____ \$_____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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_____/_____/_____ \$_____

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_____/_____/_____ \$_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

_____/_____/_____ \$_____

_____/_____/_____ \$_____

_____/_____/_____ \$_____

Comments: _____